

UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY

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MARIE DICIANO,

1:18-cv-17383-NLH

Plaintiff,

**OPINION**

v.

COMMISSIONER OF SOCIAL  
SECURITY,

Defendant.

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**APPEARANCES:**

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*On behalf of Plaintiff*

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*On behalf of Defendant*

**HILLMAN**, District Judge

This matter comes before the Court pursuant to Section 205(g) of the Social Security Act, as amended, 42 U.S.C. § 405(g), regarding Plaintiff's application for Disability Insurance Benefits ("DIB")<sup>1</sup> under Title II of the Social

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<sup>1</sup> DIB is a program under the Social Security Act to provide

Security Act. 42 U.S.C. § 423, et seq. The issue before the Court is whether the Administrative Law Judge ("ALJ") erred in finding that there was "substantial evidence" that Plaintiff was not disabled at any time since her alleged onset date of disability, June 5, 2014. For the reasons stated below, this Court will affirm that decision.

#### **I. BACKGROUND AND PROCEDURAL HISTORY**

On October 3, 2014, Plaintiff, Marie Dicianno, protectively filed an application for DIB,<sup>2</sup> alleging that she became disabled on June 5, 2014. Plaintiff claims that she can no longer work as a store laborer because of her bipolar disorder, lupus, rheumatoid arthritis, blurred vision, anxiety, panic disorder, degenerative disc disease, osteoarthritis, and a learning disorder.

After Plaintiff's claim was denied initially upon reconsideration, Plaintiff requested a hearing before an ALJ,

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disability benefits when a claimant with a sufficient number of quarters of insured employment has suffered such a mental or physical impairment that the claimant cannot perform substantial gainful employment for at least twelve months. 42 U.S.C. § 423 et seq.

<sup>2</sup> A protective filing date marks the time when a disability applicant makes a written statement of his or her intent to file for benefits. That date may be earlier than the date of the formal application and may provide additional benefits to the claimant. See SSA Handbook 1507; SSR 72-8.

which was held on August 21, 2017. On August 30, 2017, the ALJ issued an unfavorable decision. Plaintiff's Request for Review of Hearing Decision was denied by the Appeals Council on October 17, 2018, making the ALJ's August 30, 2017 decision final. Plaintiff brings this civil action for review of the Commissioner's decision.

## **II. DISCUSSION**

### **A. Standard of Review**

Under 42 U.S.C. § 405(g), Congress provided for judicial review of the Commissioner's decision to deny a complainant's application for social security benefits. Ventura v. Shalala, 55 F.3d 900, 901 (3d Cir. 1995). A reviewing court must uphold the Commissioner's factual decisions where they are supported by "substantial evidence." 42 U.S.C. §§ 405(g), 1383(c)(3); Fargnoli v. Massanari, 247 F.3d 34, 38 (3d Cir. 2001); Sykes v. Apfel, 228 F.3d 259, 262 (3d Cir. 2000); Williams v. Sullivan, 970 F.2d 1178, 1182 (3d Cir. 1992). Substantial evidence means more than "a mere scintilla." Richardson v. Perales, 402 U.S. 389, 401 (1971) (quoting Consolidated Edison Co. V. NLRB, 305 U.S. 197, 229 (1938)). It means "such relevant evidence as a reasonable mind might accept as adequate to support a conclusion." Id. The inquiry is not whether the reviewing court would have made the same

determination, but whether the Commissioner's conclusion was reasonable. See Brown v. Bowen, 845 F.2d 1211, 1213 (3d Cir. 1988).

A reviewing court has a duty to review the evidence in its totality. See Daring v. Heckler, 727 F.2d 64, 70 (3d Cir. 1984). "[A] court must 'take into account whatever in the record fairly detracts from its weight.'" Schonewolf v. Callahan, 972 F. Supp. 277, 284 (D.N.J. 1997) (quoting Willbanks v. Secretary of Health & Human Servs., 847 F.2d 301, 303 (6th Cir. 1988) (quoting Universal Camera Corp. v. NLRB, 340 U.S. 474, 488 (1951)).

The Commissioner "must adequately explain in the record his reasons for rejecting or discrediting competent evidence." Ogden v. Bowen, 677 F. Supp. 273, 278 (M.D. Pa. 1987) (citing Brewster v. Heckler, 786 F.2d 581 (3d Cir. 1986)). The Third Circuit has held that an "ALJ must review all pertinent medical evidence and explain his conciliations and rejections." Burnett v. Comm'r of Soc. Sec. Admin., 220 F.3d 112, 122 (3d Cir. 2000). Similarly, an ALJ must also consider and weigh all of the non-medical evidence before him. Id. (citing Van Horn v. Schweiker, 717 F.2d 871, 873 (3d Cir. 1983)); Cotter v. Harris, 642 F.2d 700, 707 (3d Cir. 1981).

The Third Circuit has held that access to the

Commissioner's reasoning is indeed essential to a meaningful court review:

Unless the [Commissioner] has analyzed all evidence and has sufficiently explained the weight he has given to obviously probative exhibits, to say that his decision is supported by substantial evidence approaches an abdication of the court's duty to scrutinize the record as a whole to determine whether the conclusions reached are rational.

Gober v. Matthews, 574 F.2d 772, 776 (3d Cir. 1978). Although an ALJ, as the fact finder, must consider and evaluate the medical evidence presented, Fargnoli, 247 F.3d at 42, "[t]here is no requirement that the ALJ discuss in its opinion every tidbit of evidence included in the record," Hur v. Barnhart, 94 F. App'x 130, 133 (3d Cir. 2004). In terms of judicial review, a district court is not "empowered to weigh the evidence or substitute its conclusions for those of the fact-finder." Williams, 970 F.2d at 1182. However, apart from the substantial evidence inquiry, a reviewing court is entitled to satisfy itself that the Commissioner arrived at his decision by application of the proper legal standards. Sykes, 228 F.3d at 262; Friedberg v. Schweiker, 721 F.2d 445, 447 (3d Cir. 1983); Curtin v. Harris, 508 F. Supp. 791, 793 (D.N.J. 1981).

#### **B. Standard for DIB**

The Social Security Act defines "disability" for purposes

of an entitlement to a period of disability and disability insurance benefits as the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months. See 42 U.S.C. § 1382c(a)(3)(A). Under this definition, a Plaintiff qualifies as disabled only if her physical or mental impairments are of such severity that she is not only unable to perform her past relevant work, but cannot, given her age, education, and work experience, engage in any other type of substantial gainful work which exists in the national economy, regardless of whether such work exists in the immediate area in which she lives, or whether a specific job vacancy exists for her, or whether she would be hired if she applied for work. 42 U.S.C. § 1382c(a)(3)(B) (emphasis added).

The Commissioner has promulgated regulations<sup>3</sup> for determining disability that require application of a five-step sequential analysis. See 20 C.F.R. § 404.1520. This five-

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<sup>3</sup> The regulations were amended for various provisions effective March 27, 2017. See 82 F.R. 5844. The parties do not indicate that any of the amendments are applicable to the issues presented by Plaintiff's appeal.

step process is summarized as follows:

1. If the claimant currently is engaged in substantial gainful employment, she will be found "not disabled."
2. If the claimant does not suffer from a "severe impairment," she will be found "not disabled."
3. If the severe impairment meets or equals a listed impairment in 20 C.F.R. Part 404, Subpart P, Appendix 1 and has lasted or is expected to last for a continuous period of at least twelve months, the claimant will be found "disabled."
4. If the claimant can still perform work she has done in the past ("past relevant work") despite the severe impairment, she will be found "not disabled."
5. Finally, the Commissioner will consider the claimant's ability to perform work ("residual functional capacity"), age, education, and past work experience to determine whether or not she is capable of performing other work which exists in the national economy. If she is incapable, she will be found "disabled." If she is capable, she will be found "not disabled."

20 C.F.R. § 404.1520(b)-(f). Entitlement to benefits is therefore dependent upon a finding that the claimant is incapable of performing work in the national economy.

This five-step process involves a shifting burden of proof. See Wallace v. Secretary of Health & Human Servs., 722 F.2d 1150, 1153 (3d Cir. 1983). In the first four steps of the analysis, the burden is on the claimant to prove every element of her claim by a preponderance of the evidence. See id. In the final step, the Commissioner bears the burden of

proving that work is available for the Plaintiff: "Once a claimant has proved that he is unable to perform his former job, the burden shifts to the Commissioner to prove that there is some other kind of substantial gainful employment he is able to perform." Kangas v. Bowen, 823 F.2d 775, 777 (3d Cir. 1987); see Olsen v. Schweiker, 703 F.2d 751, 753 (3d Cir. 1983).

### C. Analysis

At step one, the ALJ found that Plaintiff had not engaged in substantial gainful activity since the alleged onset of disability. At step two, the ALJ found that Plaintiff's impairments of degenerative disc disease, osteoarthritis, anxiety disorder, affective disorder, and learning disorder were severe. At step three, the ALJ determined that Plaintiff's severe impairments nor her severe impairments in combination with her other impairments did not equal the severity of one of the listed impairments. At step four, the ALJ determined that Plaintiff had the residual functional capacity ("RFC") to perform work at all skill and exertional levels with certain restrictions,<sup>4</sup> and she was able to perform

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<sup>4</sup> 20 C.F.R. § 404.1568 ("In order to evaluate your skills and to help determine the existence in the national economy of work you are able to do, occupations are classified as unskilled, semi-skilled, and skilled."); 20 C.F.R. § 404.1567 ("Physical exertion requirements. To determine the physical

her past relevant work as a store laborer.<sup>5</sup>

Plaintiff presents three issues on appeal: (1) Whether the ALJ erred by not providing a full function-by-function analysis in his RFC determination; (2) Whether the ALJ erred in finding that Plaintiff could perform a full range of work at all exertional levels; and (3) Whether the ALJ erred in failing to assign appropriate non-exertional limitations relating to Plaintiff's mental health.<sup>6</sup>

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exertion requirements of work in the national economy, we classify jobs as sedentary, light, medium, heavy, and very heavy.").

<sup>5</sup> Because the ALJ concluded that Plaintiff was capable of performing her past relevant work, the ALJ did not address step five of the sequential step analysis. Benjamin v. Commissioner of Social Security, 2019 WL 351897, at \*4 n.9 (D.N.J. 2019) (citing Valenti v. Commissioner of Social Sec., 373 F. App'x 255, 258 n.1 (3d Cir. 2010); 20 C.F.R. § 404.1520(b)-(f)).

<sup>6</sup> Plaintiff also argues that the ALJ committed reversible error by failing to consider her non-severe impairments of lupus and rheumatoid arthritis, as well as her testimony about blurred vision, in combination with her severe impairments. This argument is without merit. It is true that an ALJ must assess a claimant's severe impairments in combination with non-severe impairments. But an ALJ does not have to consider an alleged impairment if he does not find such an impairment is medically determinable. See 20 C.F.R. § 404.1529; POMS, DI 25205.005 Evidence of a Medically Determinable Impairment ("A medically determinable physical or mental impairment must result from anatomical, physiological, or psychological abnormalities which can be shown by medically acceptable clinical and laboratory diagnostic techniques. The impairment must be established by objective medical evidence (signs, laboratory findings, or both) from an acceptable medical source, not on an individual's statement of symptoms."); 20 C.F.R. §

These arguments all focus on the propriety of the ALJ's RFC assessment. A claimant's RFC reflects "what [the claimant] can still do despite [his or her] limitations," 20 C.F.R. § 416.945(a), and the controlling regulations are clear that the RFC finding is a determination expressly reserved to the Commissioner, 20 C.F.R. §§ 404.1527(d)(2), 416.927(d)(2), 404.1546(c), 416.946(c).

When making the RFC determination, the ALJ is required to:

[C]consider all your symptoms, including pain, and the extent to which your symptoms can reasonably be accepted as consistent with the objective medical evidence and other evidence. By objective medical evidence, we mean medical signs and laboratory findings . . . . By other evidence, we mean . . . statements or reports from you, your treating or nontreating source, and others about your medical history, diagnosis, prescribed treatment, daily activities, efforts to work, and any other evidence showing how your impairment(s) and any related symptoms affect your ability to work. . . .

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404.1545(a)(2) ("We will consider all of your medically determinable impairments of which we are aware, including your medically determinable impairments that are not 'severe,' as explained in §§ 404.1520(c), 404.1521, and 404.1523, when we assess your residual functional capacity."). Here, the ALJ found, "The claimant also alleged limitations from Lupus and Rheumatoid Arthritis, but the medical evidence shows no limitations from or treatment for either of these impairments. Therefore, the undersigned finds these two impairments to be non-medically determinable impairments." (R. at 30.) Plaintiff cites to no medical evidence to support that her alleged lupus, rheumatoid arthritis, or blurred vision were medically determinable impairments that the ALJ was required to consider in the RFC analysis.

20 C.F.R. § 404.1529.

Additionally, the RFC assessment takes into consideration all of a claimant's medically determinable impairments in combination, including those that the ALJ has found to be severe, as well as those that are not deemed to be severe at step two. See 20 C.F.R. § 404.1545(a)(2) ("We will consider all of your medically determinable impairments of which we are aware, including your medically determinable impairments that are not 'severe,' as explained in §§ 404.1520(c), 404.1521, and 404.1523, when we assess your residual functional capacity.").

Here, the ALJ found Plaintiff's RFC to be as follows:

After careful consideration of the entire record, the undersigned finds that the claimant has the residual functional capacity to perform a full range of work at all exertional levels but with the following limitations: she can occasionally climb ladders, ropes, or scaffolds. She can frequently crawl. She can frequently reach overhead with both arms. She can do simple work without fast pace or strict production quotas, with only occasional, superficial interaction with co-workers and supervisors and none with the general public, with changes that are minor and can be introduced gradually.

(R. at 31.)

Plaintiff first argues that the ALJ erred in his RFC determination by not specifically addressing all seven exertional capacity functions required to be assessed by the ALJ. SSR 96-8p provides, "Exertional capacity addresses an

individual's limitations and restrictions of physical strength and defines the individual's remaining abilities to perform each of seven strength demands: Sitting, standing, walking, lifting, carrying, pushing, and pulling. Each function must be considered separately (e.g., 'the individual can walk for 5 out of 8 hours and stand for 6 out of 8 hours'), even if the final RFC assessment will combine activities (e.g., 'walk/stand, lift/carry, push/pull')." Plaintiff argues that the ALJ did not specifically address the functions of sitting, standing, walking, lifting, carrying, or pushing, which constitutes reversible error.

The Court does not agree. The RFC is a function-by-function assessment based on all of the relevant evidence of an individual's ability to do work-related activities, but an ALJ does not need to use particular language or adhere to a particular format in conducting his RFC analysis. Ungemach v. Commissioner of Social Security, 2019 WL 3024858, at \*4 (D.N.J. 2019) (citing Jones v. Barnhart, 364 F.3d 501, 505 (3d Cir. 2004)). SSR 96-8p requires that each function "must be considered," but it does not require every function to be specifically delineated in the RFC. Indeed, SSR 96-8p contemplates that in his "final RFC assessment," an ALJ may assess the functions in combination rather than individually.

Here, the RFC did not specifically reference the functions of sitting, standing, walking, lifting, carrying, or pushing, but that does not mean the ALJ did not "consider" those functions. This is because implicit in the finding that Plaintiff is capable of performing work at all exertional levels is that Plaintiff has no limitations in those areas. The ALJ did not err in his articulation of Plaintiff's RFC by not listing all of the seven exertional limitations and stating "no limitation" for six of the seven.<sup>7</sup>

A more substantive challenge to the ALJ's RFC

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<sup>7</sup> See, e.g., Malcolm v. Commissioner of Social Security, 2017 WL 5951703, at \*19 (D.N.J. 2017) (noting "where, as here, the ALJ's RFC determination is supported by substantial evidence, and is "accompanied by a clear and satisfactory explication of the basis on which it rests," Fargnoli v. Massanari, 247 F.3d 34, 41 (3d Cir. 2001), the Third Circuit does not require strict adherence to the function-by-function analysis set forth in Social Security Ruling 96-8p") (citing Chiaradio v. Comm'r of Soc. Sec., 425 F. App'x 158, 161 (3d Cir. 2011) (affirming the ALJ's RFC determination, despite the fact that "the ALJ did not make a task by task analysis," where the ALJ's RFC finding was supported by substantial evidence in the record, and the ALJ's "overall review carefully considered [the claimant's] past relevant work and the ALJ assessed what [the claimant] could reasonably do."); Garrett v. Comm'r of Soc. Sec., 274 F. App'x 159, 164 (3d Cir. 2008) (affirming the ALJ's RFC determination, despite the ALJ's failure to perform the precise function-by-function assessment outlined in SSR 96-8p, where the ALJ questioned the claimant about the physical limitations of her prior work, and substantial evidence supported the ALJ's findings); Bencivengo v. Comm'r of Soc. Sec., 251 F.3d 153, No. 00-1995, slip op. at 4 (3d Cir. Dec. 19, 2000) ("Although a function-by-function analysis is desirable, SSR 96-8p does not require ALJs to produce such a detailed statement in writing."))).

determination is Plaintiff's contention that the ALJ's finding that Plaintiff could perform a full range of work at all exertional levels is not supported by substantial evidence. Plaintiff's argument on this basis is separated into exertional and non-exertional limitations.

### **1. Exertional limitations**

Plaintiff argues that even though the ALJ found Plaintiff's degenerative disc disease and osteoporosis to be severe impairments, the ALJ did not account for those impairments at all.

A severe impairment is one that significantly limits a claimant's physical or mental ability to do basic work activities, which are: (1) Physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling; (2) Capacities for seeing, hearing, and speaking; (3) Understanding, carrying out, and remembering simple instructions; (4) Use of judgment; (5) Responding appropriately to supervision, co-workers and usual work situations; and (6) Dealing with changes in a routine work setting. 20 C.F.R. § 404.1522. The severe impairment "must have lasted or must be expected to last for a continuous period of at least twelve months." 20 C.F.R. § 404.1509.

On the surface, Plaintiff's argument makes sense - an

impairment that is found to be "severe" must have some impact on a person's functional capacity, otherwise it would not be considered to be "severe" or even a medically determinable impairment at all. Additionally, the finding that a person can perform all exertional levels of work without any restrictions effectively means that the person does not actually have any severe impairments. In this case, therefore, Plaintiff argues the ALJ's step two determination that Plaintiff has the severe impairments of degenerative disc disease and osteoporosis is in conflict with Plaintiff's RFC, which does not account for those severe impairments.

The flaw with Plaintiff's argument is that the RFC does account for Plaintiff's severe impairments. The ALJ did not find that Plaintiff was capable of all exertional levels of work without qualification. As to the exertional functional limitations caused by her degenerative disc disease and osteoporosis, the ALJ found that "she can occasionally climb ladders, ropes, or scaffolds," she "can frequently crawl," and she "can frequently reach overhead with both arms."

The ALJ's findings were based on the following:

- There is no evidence of complaints of back, neck, or shoulder pain to a treating medical provider before 2016, and Plaintiff claimed disability onset of June 5,

2014. (R. at 32.)

- A consultative examination performed on February 1, 2015 found that Plaintiff had joint pain, but she could sit, stand, walk, crouch, hear, and speak. (R. at 32, 320.) Plaintiff showed no difficulty getting up from a sitting position or getting on or off the examination table, she was able to flex her spine forward ninety degrees, squat, and walk on her heels and toes, which showed no limitations from an alleged back impairment. Plaintiff was also able to rotate, flex, and extend her neck. She showed tenderness in her shoulders, but was able to elevate and abduct her shoulders up to ninety degrees. (R. at 32.)
- In January 2016, Plaintiff complained to her primary care provider of low back pain of four days. She received a prescription for a muscle relaxant and was advised to start physical therapy, but there is no evidence that Plaintiff engaged in physical therapy. (Id.)
- In February 2016, x-rays showed degenerative disc disease in the lumbar spine and mild diffuse osteoarthritis in the thoracic spine. (Id.)

The ALJ concluded, "despite lack of treatment for her back and

shoulder impairments, the undersigned has assigned postural limitations to the claimant." (R. at 32-33.)

Plaintiff's issue with the RFC determination is that it was not more limited. Plaintiff contends that her severe impairments should have been afforded further restriction in basic work activities such as sitting, standing, walking, lifting, carrying, or pushing, but she does not point to specific evidence that supports further limitations. For example, Plaintiff argues that her "joint and spinal disorders would certainly preclude her from frequently lifting and carrying objects weighing 50 pounds or more," which is a requirement for work at the heavy exertional level. (Docket No. 12 at 22.) Plaintiff, however, does not cite to a medical record that precludes her from lifting 50-pound objects.

The limitations of a severe impairment must be supported by record evidence, and simply because an impairment is deemed "severe" at step two does not compel the finding that the impairment causes limitations in every basic work activity.

See McCrea v. Comm'r of Soc. Sec., 370 F.3d 357, 360-61 (3d Cir. 2004) (citing 20 C.F.R. § 404.1520(a)(4)(ii)) (explaining that at step two, the ALJ has to "consider the medical severity of a claimant's impairment(s)," and that "the severity test at step two is a 'de minimis screening device to

dispose of groundless claims.'"). Even though Plaintiff disagrees with the ALJ's finding that her degenerative disc disease and osteoporosis did not warrant greater restrictions, the ALJ properly supported his RFC determination regarding Plaintiff's exertional limitations.<sup>8</sup>

## **2. Non-exertional limitations**

Plaintiff argues that the ALJ did not properly account for her mental limitations in her RFC. Plaintiff argues that the ALJ's reference to the "stability" of her mental health does not suggest non-disabling mental impairments, but rather that she was stable at a significantly impaired level. Plaintiff also argues that the ALJ should have construed Plaintiff's treatment records to show that she was more limited than the ALJ determined.

The Court does not agree. At step three, the ALJ properly considered all the areas of mental functioning and found Plaintiff to have moderate difficulties in those areas, rather than marked or extreme limitations which would warrant

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<sup>8</sup> Plaintiff presents an argument challenging the Vocational Expert's job numbers. Plaintiff, however, says she is not actually asserting this argument on appeal, and discusses this argument in the context of what she would argue if she were challenging the ALJ's decision on this basis. (Docket No. 12 at 22-24.) The Court will not consider a hypothetical argument that Plaintiff is not raising on appeal.

a finding of disability.<sup>9</sup> (R. at 30-31.) In the RFC determination, the ALJ recounted that progress notes from Plaintiff's treating psychiatrist showed mostly a stable condition over the past two years - 2015 to 2017 - and contrary to Plaintiff's argument, the ALJ found the records showed that the objective signs from her treatment remained mostly normal. (R. at 33.)

Plaintiff's challenge to the ALJ's assessment of Plaintiff's mental impairment amounts to a simple disagreement with how the ALJ weighed the record evidence rather than pointing to a lack of record evidence to support his decision as to Plaintiff's non-exertional limitations. This argument is insufficient to show that the ALJ's decision was not supported by substantial evidence. See, e.g., Perkins v. Barnhart, 79 F. App'x 512, 514-15 (3d Cir. 2003) ("Perkins's

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<sup>9</sup> At step three, an ALJ must consider whether a claimant's severe impairment meets or equals a listed impairment in Appendix 1 to Subpart P of Part 404 - Listing of Impairments, 12.00 Mental Disorders. Part of that assessment is determining whether a claimant's mental disorder results in extreme limitation of one, or marked limitation of two, paragraph B areas of mental functioning, which include: (1) understand, remember, or apply information; (2) interact with others; (3) concentrate, persist, or maintain pace; and (4) adapt or manage oneself. A marked limitation is where a claimant's functioning in an area independently, appropriately, effectively, and on a sustained basis is seriously limited. An extreme limitation is where a claimant is not able to function in an area independently, appropriately, effectively, and on a sustained basis.

argument here amounts to no more than a disagreement with the ALJ's decision, which is soundly supported by substantial evidence."); Moody v. Commissioner of Social Security Administration, 2016 WL 7424117, at \*8 (D.N.J. 2016) ("[M]ere disagreement with the weight the ALJ placed on the opinion is not enough for remand."); Grille v. Colvin, 2016 WL 6246775, at \*8 (D.N.J. 2016) ("Distilled to its essence, Plaintiff's argument here amounts to nothing more than a mere disagreement with the ALJ's ultimate decision, which is insufficient to overturn that decision."); Desorte v. Commissioner of Social Security, 2019 WL 1238827, at \*6 (D.N.J. 2019) (citing Richardson, 402 U.S. at 401; Daring, 727 F.2d at 70) ("This Court must review the evidence in its totality, and take into account whatever in the record fairly detracts from its weight. Plaintiff has not provided the Court with specific evidence that detracts from the ALJ's RFC assessment, which the Court finds on its independent review to be reasonable and substantially supported."); Barnes v. Commissioner of Social Security, 2018 WL 1509086, at \*4 (D.N.J. 2018) ("Plaintiff does not make any specific contentions as to where the ALJ erred and this Court's own independent review finds no error. On the contrary, the Court's review of the ALJ's decision finds that the ALJ properly followed the standards set forth

above, and that the ALJ's decision was supported by substantial evidence.").

### **III. Conclusion**

This Court may not second guess the ALJ's conclusions, and may only determine whether substantial evidence supports the ALJ's determinations. Hartzell v. Astrue, 741 F. Supp. 2d 645, 647 (D.N.J. 2010) (citing Williams v. Sullivan, 970 F.2d 1178, 1182 (3d Cir. 1992)) (explaining that the pinnacle legal principal is that a district court is not empowered to weigh the evidence or substitute its conclusions for those of the ALJ). For the foregoing reasons, the ALJ's determination that Plaintiff was not totally disabled as of June 5, 2014 is supported by substantial evidence. The decision of the ALJ will therefore be affirmed.

An accompanying Order will be issued.

Date: December 9, 2019  
At Camden, New Jersey

s/ Noel L. Hillman  
NOEL L. HILLMAN, U.S.D.J.